

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

## BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159County Registrar No. 47Local Registrar No. 57No. M. + J. Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Jean Bellotte { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes7. Date of birth Jan. 6, 1925  
Month Day Year5. No., in order of birth 1st

8. FATHER

Full name Theodore Bellotte9. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Arizona10. Color or race Cauc.11. Age at last birthday 44 (Years)12. Birthplace (city or place) Walhola  
(State or country) South Carolina

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Bidle Jesse15. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Arizona16. Color or race Cauc.17. Age at last birthday 38 (Years)18. Birthplace (city or place) Charleston  
(State or country) Ill.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum?

Yes.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10<sup>20</sup> A. M. on the date above stated  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.Address Miami, Ariz. (Physician or midwife)

Given name added from

a supplemental report  
Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_

Filed Jan 8, 1925 William S. Clayton  
Local Registrar.Filed 2/9, 1925 G. E. W. Smith  
County Registrar.

525-106-215